County: Brown PARKVIEW MANOR HEALTH/REHABILITATION

2961 ST. ANTHONY DRIVE

GREEN BAY 54311 Phone: (920) 468-0861	Į.	Ownershi p:	Corporation
Operated from 1/1 To 12/31 Days of Operation:	365	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/01):	134	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/01):	137	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/01:	96	Average Daily Census:	101
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Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Length of Stay (12/31/01) %			
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	43. 8
Supp. Home Care-Personal Care Supp. Home Care-Household Services	No No	Developmental Disabilities	1. 0	Under 65	6. 3	1 - 4 Years More Than 4 Years	43. 8 12. 5
Day Services	No	Mental Illness (Org. /Psy)	10. 4	65 - 74	9. 4		12. 5
Respite Care	No	Mental Illness (0ther)	3. 1	75 - 84	32. 3	ı	100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	47. 9	*********	******
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	1.0	95 & 0ver	4. 2	Full-Time Equivaler	
Congregate Meals	No	Cancer	5. 2			Nursing Staff per 100 Re	esi dents
Home Delivered Meals	No	Fractures	12. 5		100. 0	(12/31/01)	
Other Meals	No	Cardi ovascul ar	10. 4	65 & 0ver	93. 8	1	
Transportation	No	Cerebrovascul ar	9. 4			RNs	10. 9
Referral Service	No	Di abetes	2. 1	Sex	%	LPNs	7. 3
Other Services	Yes	Respi ratory	5. 2			Nursi ng Assi stants,	
Provi de Day Programming for		Other Medical Conditions	39. 6	Male	31.3	Aides, & Orderlies	41. 2
Mentally Ill	No			Female	68. 8		
Provide Day Programming for			100. 0				
Developmentally Disabled	Yes				100.0		
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## Method of Reimbursement

		ledicare litle 18			edicaid itle 19			0ther			Pri vate Pay	<b>;</b>		amily Care		]	Managed Care			
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi - dents	% Of s All
Int. Skilled Care	0	0. 0	0	1	1. 6	112	0	0. 0	0	0	0. 0	0	0	0. 0	0	1	100. 0	430	2	2. 1
Skilled Care	8	100. 0	292	58	90. 6	96	0	0.0	0	23	100.0	125	0	0.0	0	0	0.0	0	89	92. 7
Intermedi ate				4	6. 3	79	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	4	4. 2
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Di sabl ed				1	1.6	142	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	1. 0
Traumatic Brain Inj	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependen	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	8	100.0		64	100.0		0	0.0		23	100.0		0	0.0		1	100. 0		96	100.0

Facility ID: 7090 County: Brown Page 2 PARKVIEW MANOR HEALTH/REHABILITATION

Admissions, Discharges, and	*****	*******************************    Percent Distribution	of Residents'	Condition	************* ns, Services,	and Activities as of 12/	31/01
Deaths During Reporting Period	ł						
				%	Needi ng		Total
Percent Admissions from:		Activities of	%	Assi	stance of	% Totally	Number of
Private Home/No Home Health	5. 6	Daily Living (ADL)	Independent	One O	r Two Staff	Dependent	Resi dents
Private Home/With Home Health	0.0	Bathi ng	1.0		<b>58</b> . 3	40. 6	96
Other Nursing Homes	4. 5	Dressi ng	8. 3		<b>56.</b> 3	35. 4	96
Acute Care Hospitals	89. 3	Transferring	19. 8		51. 0	29. 2	96
Psych. HospMR/DD Facilities	0.6	Toilet Use	13. 5		54. 2	32. 3	96
Rehabilitation Hospitals	0.0	Eating	46. 9		32. 3	20. 8	96
Other Locations	0.0	***************	******	******	******	*********	******
Total Number of Admissions	177	Continence		%	Special Treatm	ents	%
Percent Discharges To:		Indwelling Or Externa	ıl Catheter	12. 5	Receiving Re	spi ratory Care	6. 3
Private Home/No Home Health	34. 4	Occ/Freq. Incontinent	of Bladder	46. 9	Recei vi ng Tr	acheostomy Care	0.0
Private Home/With Home Health	0.0	Occ/Freq. Incontinent	of Bowel	44. 8	Receiving Su	cti oni ng	0. 0
Other Nursing Homes	9.8	_			Receiving 0s	tomy Care	3. 1
Acute Care Hospitals	29.0	Mobility			Receiving Tu	be Feeding	0. 0
Psych. HospMR/DD Facilities	0.0	Physically Restrained	l	8. 3	Receiving Me	chanically Altered Diets	31. 3
Rehabilitation Hospitals	0.0					·	
Other Locations	0.0	Skin Care			Other Resident	Characteri sti cs	
Deaths	26.8	With Pressure Sores		7. 3	Have Advance	Directives	<b>75.</b> 0
Total Number of Discharges		With Rashes		4. 2	Medi cati ons		
(Including Deaths)	183	ĺ			Receiving Ps	ychoactive Drugs	63. 5
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Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

\* Ownershi p: Bed Size: Li censure: Propri etary 100-199 Skilled Al l Thi s Facility Peer Group Peer Group Peer Group Facilities % Ratio Ratio Ratio Ratio Occupancy Rate: Average Daily Census/Licensed Beds 73.0 82.7 0.88 83. 8 0.87 84.3 0.87 84. 6 0.86 Current Residents from In-County 82.3 82. 1 1.00 84. 9 0.97 82.7 1.00 77. 0 1.07 Admissions from In-County, Still Residing 19. 2 18.6 1.03 21.5 0.90 21.6 0.89 20.8 0.92 Admissions/Average Daily Census 175. 2 178.7 0.98 155. 8 1. 12 137. 9 1.27 128. 9 1.36 Discharges/Average Daily Census 181.2 179.9 1.01 156. 2 1. 16 139. 0 1.30 130.0 1.39 Discharges To Private Residence/Average Daily Census 62.4 76. 7 0.81 61. 3 1. 02 55. 2 1.13 52. 8 1. 18 Residents Receiving Skilled Care 94.8 93.6 1.01 93. 3 1. 02 91.8 1.03 85. 3 1. 11 Residents Aged 65 and Older 93.8 93. 4 1.00 92.7 1.01 92. 5 87. 5 1. 07 1.01 Title 19 (Medicaid) Funded Residents 66. 7 63.4 1.05 64.8 1.03 64.3 1.04 68. 7 0.97 Private Pay Funded Residents 24.0 23.0 1.04 1.03 25.6 22.0 1.09 23. 3 0.94 Developmentally Disabled Residents 1.0 0. 7 1.49 0.9 1.19 1. 2 7. 6 0. 14 0.89 Mentally Ill Residents 13. 5 30. 1 0.45 37. 7 0.36 37. 4 0.36 33. 8 0.40 General Medical Service Residents 39. 6 23.3 1.70 21. 3 1. 86 21. 2 19.4 2.04 1.87 49.3 1.16 Impaired ADL (Mean) 57. 1 48.6 49. 6 1. 15 49.6 1. 17 1. 15 Psychological Problems 63. 5 50.3 1. 26 53. 5 1. 19 54. 1 1.17 51. 9 1. 22 Nursing Care Required (Mean) 1.05 6. 5 1. 00 7.3 0.89 6. 5 6. 2 6. 5 1.00